

Assisted Living (AL) Provider Short-Term Service Plan (Template)

New Client:	Move-in Date:	Suite:
AL Site:	AL Acuity Level:	FH AL Clinician:

CATEGORY	SHORT-TERM SERVICES
	For each category, staff encourages client to be independent with care as possible and provides client teaching when appropriate.
ADLs	Independent with ADLs: <input type="checkbox"/> AM <input type="checkbox"/> bedtime <input type="checkbox"/> AM: <input type="checkbox"/> PM: <input type="checkbox"/> Shower: <input type="checkbox"/> Other:
IADLs	<input type="checkbox"/> Light housekeeping weekly <input type="checkbox"/> Linens weekly <input type="checkbox"/> Breakfast assist (by exception) <input type="checkbox"/> Other:
Medication	<input type="checkbox"/> Independent with medications <input type="checkbox"/> Medication monitoring: <input type="checkbox"/> Medication administration: <input type="checkbox"/> Oxygen:
Continenence	<input type="checkbox"/> Independent with peri-care/incontinence products <input type="checkbox"/> Peri-care: <input type="checkbox"/> Assist with Incontinence Products and type: <input type="checkbox"/> Other:
Pain	<input type="checkbox"/> Describe:
Cognition	<input type="checkbox"/> Safety checks: <input type="checkbox"/> Meal reminders: <input type="checkbox"/> Other:
Mobility	<input type="checkbox"/> Port to/from dining area: <input type="checkbox"/> Mobility aides: <input type="checkbox"/> Other:
Social Recreation Exercise	<input type="checkbox"/> Describe:
Other	<input type="checkbox"/> Describe:

Instructions for use: The AL Provider develops a short-term service plan as soon as the client moves in to give staff enough information to keep the client safe and support their health and well-being. The client does not need to sign the short-term service plan and does not need a copy. Provide a copy to the AL Clinician. Keep a copy as per site policy.